

C.14 In which organs or parts of your body have you had cancer(s)?

ORGAN/BODY PART	RF	DK
	88	99
	88	99
	88	99
	88	99

C.20 Are you currently taking medication or using another treatment for you respiratory illness?

- YES 1
 NO 2
- RF 8
 DK 9

C.21 Does this condition limit your daily activities such as household chores or your job?

- YES 1
 NO 2
- RF 8
 DK 9

C.15 In the last two years, have you consulted a doctor or a medical personnel about your cancer?

- YES 1
 NO 2
- RF 8
 DK 9

C.16 In the last two years, what type of treatments have you received for your cancer?

MARK ALL THAT APPLY

- Chemotherapy/ Medication 1
 Surgery or Biopsy 2
 Radiation or X-Ray 3
 Medication or Treatment for Symptoms (Pain, Nausea, Rash) 4
 NONE 5
- OTHER _____ 7
 SPECIFY _____
- RF 8
 DK 9

HEART PROBLEMS

C.22 Has a doctor or medical personnel ever told you that you have had a heart attack?

- YES 1 → Pass to C.23
 NO 2
- RF 8 → Go to C.27
 DK 9

C.23 About in what year or at what age did you have your (most recent) heart attack?

YEAR | | | | |

OR

AGE | | | | |

RF 8888
 DK 9999

| | | | |

C.17 Are you currently receiving treatment for your cancer?

- YES 1
 NO 2
- RF 8
 DK 9

C.24 Are you currently taking medication for your heart condition?

- YES 1
 NO 2
- RF 8
 DK 9

C.18 About in what year or at what age was your (most recent) cancer diagnosed?

YEAR | | | | |

OR

AGE | | | | |

RF 8888
 DK 9999

| | | | |

C.25 Do you carry any medicine with you for chest pain?

- YES 1
 NO 2
- RF 8
 DK 9

RESPIRATORY PROBLEMS

C.19 Has a doctor or medical personnel ever told you that you have a respiratory illness, such as asthma, or emphysema?

- YES 1 → Pass to C.20
 NO 2
- RF 8 → Go to C.22
 DK 9

C.26 Does this heart problem limit your daily activities such as household chores or your job?

- YES 1
 NO 2
- RF 8
 DK 9

STROKE

C.27 Has a doctor or medical personnel ever told you that you have had a stroke?

[VOL] POSSIBLE STROKE OR TIA (TRANSIENT ISCHEMIC ATTACK)

YES 1 → Pass to C.28
 NO 2
 RF 8 → Go to C.34
 DK 9

C.28 In the last two years, have you consulted a doctor or medical personnel for this or any other stroke?

YES 1
 NO 2
 RF 8
 DK 9

C.29 Because of your stroke do you have...?

	YES	NO	RF	DK
...any weakness in your arms or legs or has your capacity to move them or use them been diminished?	1	2	8	9
...difficulty in speaking or eating?	1	2	8	9
...difficulty with your vision?	1	2	8	9
...difficulty thinking or saying what you want?	1	2	8	9

C.30 Are you currently taking any medications because of your stroke or for complications due to the stroke?

YES 1
 NO 2
 RF 8
 DK 9

C.31 Are you doing physical therapy or rehabilitation because of the stroke or the complications that resulted from the stroke?

YES 1
 NO 2
 RF 8
 DK 9

C.32 About in what year or at what age did you have your (most recent) stroke?

YEAR | | | | |
 OR
 AGE | | | | |
 RF 8888
 DK 9999

C.33 Has this stroke limited your daily activities such as household chores or your job?

YES 1
 NO 2
 RF 8
 DK 9

ARTHRITIS

C.34 Has a doctor or medical personnel ever told you that you have arthritis or rheumatism?

YES 1 → Pass to C.35
 NO 2
 RF 8 → Go to C.39
 DK 9

C.35 In the last two years, have you consulted a doctor specifically for your arthritis or rheumatism?

YES 1
 NO 2
 RF 8
 DK 9

C.36 Do you feel pain, stiffness, or swelling in your joints?

YES 1
 NO 2
 RF 8
 DK 9

C.37 Are you taking medication or are you receiving other treatment for your arthritis or rheumatism?

YES 1
 NO 2
 RF 8
 DK 9

C.38 Are your daily activities such as household chores or your job limited because of your arthritis?

YES 1
 NO 2
 RF 8
 DK 9

OTHER CONDITIONS

C.39 In the last 2 years, has a doctor or medical personnel told you that you have...

	YES	NO	RF	DK
Liver or kidney infection?	1	2	8	9
Tuberculosis?	1	2	8	9
Pneumonia?	1	2	8	9

FALL

C.40 Have you fallen down in the last two years?

- YES 1 → Pass to C.41
 NO 2
 RF 8 → Go to C.43
 DK 9

C.41 Approximately how many times has this happened?

NUMBEROFTIMES [][]

- RF 88
 DK 99

C.42 Have you hurt yourself in these falls badly enough to need medical treatment?

- YES 1
 NO 2

- RF 8
 DK 9

C.43 Since your fiftieth birthday, have you fractured any bone including your hip?

- YES 1
 NO 2

- RF 8
 DK 9

SIGHT

C.44 Do you usually wear glasses?

- YES 1
 NO 2

- RF 8
 DK 9

C.45 How is your vision (using glasses)? Is it...

- Excellent 1
 Very Good 2
 Good 3
 Fair 4
 Poor 5
 [Vo] LEGALLY BLIND 6

- RF 8
 DK 9

HEARING

C.46 Do you usually use a hearing aid or auditory device?

- YES 1
 NO 2

- RF 8
 DK 9

C.47 How is your hearing/auditory range (using hearing aid or auditory device)?

- Excellent 1
 Very Good 2
 Good 3
 Fair 4
 Poor 5
 [Vo] LEGALLY DEAF 6

- RF 8
 DK 9

PAIN

C.48 Do you often suffer from pain?

- YES 1 → Pass to C.49
 NO 2

- RF 8 → Go to C.51
 DK 9

C.49 How is the pain the majority of the time?

- Mild 1
 Moderate 2
 Severe 3

- RF 8
 DK 9

C.50 Does this pain limit your usual activities such as household chores or your job?

- YES 1
 NO 2

- RF 8
 DK 9

PREVENTIVE EXAMS

C.51 In the last two years, have you had any of the following medical exams or procedures?

	YES	NO	RF	DK
C.51a A vaccination against tetanus	1	2	8	9
C.51b A blood test for cholesterol	1	2	8	9
C.51c A test for tuberculosis	1	2	8	9
C.51d A test for diabetes	1	2	8	9
C.51e A test for hypertension or high blood pressure?	1	2	8	9

IF RESPONDENT IS...

MALE 1 → Go to C.51i

FEMALE 2 → Pass to C.51f

	YES	NO	DOES NOT HAVE	RF	DK
C.51f Do you examine your breasts every month to detect lumps?	1	2	3	8	9
C.51g Have you had a mammogram or an x-ray of your breasts in order to detect cancer?	1	2	3	8	9
C.51h Have you had a pap smear?	1	2	3	8	9

C.53 On average during the last two years, have you exercised or done hard physical work three or more times a week?

INCLUDES VARIOUS ACTIVITIES SUCH AS SPORTS, HEAVY HOUSEHOLD CHORES, OR OTHER PHYSICAL WORK

YES 1
 NO 2
 RF 8
 DK 9



SMOKING

C.54 Have you ever smoked cigarettes?

INCLUDE MORE THAN 100 CIGARETTES OR 5 PACKS IN YOUR LIFETIME. DO NOT INCLUDE PIPES OR CIGARS.

YES 1 → Pass to C.55
 NO 2
 RF 8 → Go to C.60
 DK 9



C.55 Do you smoke cigarettes now?

YES 1 → Pass to C.56
 NO 2
 RF 8 → Go to C.57
 DK 9



C.56 About how many cigarettes or packs do you usually smoke in a day?

PROBE A RANGE

CIGARETTES/DAY |_____|
 OR
 PACKS/DAY |_____|

87 OR MORE CIGARETTES 87
 RF 88
 DK 99



C.57 About how old were you when you started smoking?

AGE |_____|
 OR
 YEAR STARTED SMOKING |_____|
 OR
 STARTED SMOKING ...YEARS AGO |_____|
 RF 88
 DK 99



IF RESPONDENT CURRENTLY SMOKES (C.55 = 1) GO TO C.60

C.58 When you were smoking the most, about how many cigarettes or packs did you usually smoke in a day?

ASK FOR AN AVERAGE

CIGARETTES/DAY |_____|
 OR
 PACKS/DAY |_____|

87 OR MORE CIGARETTES 87
 RF 88
 DK 99



IF RESPONDENT IS FEMALE, PASS TO C.52

C.51i In the last 2 years, have you had an exam or blood test to screen for prostate cancer?

YES 1
 NO 2
 ALREADY HAD OPERATION 3
 RF 8
 DK 9



DEPRESSION

C.52 These questions refer to how you have felt during the past week. For each question please tell me if the majority of the time:

	YES	NO	RF	DK
You felt depressed	1	2	8	9
You felt that everything you did was an effort	1	2	8	9
You felt your sleep was restless	1	2	8	9
You felt happy	1	2	8	9
You felt lonely	1	2	8	9
You felt that you enjoyed life	1	2	8	9
You felt sad	1	2	8	9
You felt tired	1	2	8	9
You felt you had a lot of energy	1	2	8	9

C.59 About how many years ago did you stop smoking?

MARK THE RESPONSE GIVEN

↓

...YEARS AGO | | | | |

OR

YEAR STOPPED SMOKING | | | | |

OR

AGE WHEN STOPPED SMOKING | | | | |

RF 88

DK 99

C.65 (When you were drinking), have you ever felt that you should (have) cut down on the quantity of drinks you have (had)?

↓

YES 1

NO 2

RF 8

DK 9

ALCOHOL

C.60 Do you ever drink any alcoholic beverages such as beer, wine, liquor, or pulque?

YES 1 → Pass to C.61

NO 2 → Go to C.64

[VOL] NEVER HAVE USED ALCOHOL 3 → Go to C.69

RF 8

DK 9] → Go to C.64

C.66 (When you were drinking), have (did) people ever annoyed you by criticizing your drinking?

↓

YES 1

NO 2

RF 8

DK 9

C.61 In the last three months, about how many days a week have you had any alcohol to drink?

NONE, OR LESS THAN ONE PER WEEK MARK "0" AND GO TO C.69

NUMBER OF DAYS | | |

RF 8

DK 9

C.67 Have you ever felt bad or guilty about drinking?

↓

YES 1

NO 2

RF 8

DK 9

C.62 On the days you drank alcoholic beverages in the last three months, about how many drinks did you have per day?

↓

NUMBER OF DRINKS | | | | |

RF 88

DK 99

C.68 Have you ever had an alcoholic drink when you woke up in the morning in order to calm your nerves or to get rid of a "hangover"?

↓

YES 1

NO 2

RF 8

DK 9

WEIGHT AND HEIGHT

C.63 In the last three months, on how many days have you had four or more drinks on one occasion?

↓

NUMBER OF DAYS | | | | |

NONE 00

87 OR MORE DAYS 87

RF 88

DK 99

C.69 Compared to two years ago, do you weigh...

↓

5 more kilos 1

5 less kilos 2

About the same 3

RF 8

DK 9

IF RESPONDENT CURRENTLY DRINKS ALCOHOL (C.60 = 1), GO TO C.65

C.64 Have you ever had an alcoholic drink in your life?

YES 1 → Pass to C.65

NO 2

RF 8 → Go to C.69

DK 9

C.70 In the last two years, have you changed your diet or your exercise habits in order to gain or lose weight?

↓

YES 1

NO 2

RF 8

DK 9

C.71 About how much do you weigh now?

↓

KILOS | | | | |

RF 888

DK 999

C.72 About how tall are you without shoes?

METERS AND CENTIMETERS | | | | | | | | | |

RF 8.88
DK 9.99

C.74 Are you missing any limb or part of your legs or arms due to an accident or illness?

YES 1
NO 2

RF 8
DK 9

SYMPTOMS

C.73 During the last two years have you frequently had any of the following problems or inconveniences?

	YES	NO	RF	DK
C.73a Frequent swelling in your feet or ankles	1	2	8	9
C.73b Difficulty breathing while lying down	1	2	8	9
C.73c Fainting spells or vertigo	1	2	8	9
C.73d Intense thirst	1	2	8	9
C.73e Severe fatigue or exhaustion	1	2	8	9
C.73f Wheezing or cough, or bringing up phlegm	1	2	8	9
C.73g Pain in lower limbs while (or after) walking	1	2	8	9
C.73h Stomach pain, indigestion, diarrhea	1	2	8	9
C.73i Involuntary loss of urine	1	2	8	9
C.73j Pain or burning when urinating	1	2	8	9
C.73k Bleeding when urinating or defecating	1	2	8	9

C.75 In the last 12 months, because of an illness or injury, about how many days did you have to stay in bed more than half a day?

INCLUDE DAYS WHEN YOU WERE IN HOSPITAL

NUMBER OF DAYS | | | | | | | | | |

RF 888
DK 999

C.76 Has a doctor or medical personnel ever told you that you have any health problem because of your work activities?

INCLUDE WORK ACCIDENTS

YES 1
NO 2

RF 8
DK 9

C.77 INTERVIEWER:
WITH WHAT FREQUENCY DID THE RESPONDENT NEED HELP TO ANSWER SECTION C. HEALTH?

NEVER 1
A FEW TIMES 2
MOST OF THE TIME 3

FINISH TIME: | | | | : | | | |

PASS TO SECTION D